S	CHEDULE B (FEC Form 3X)	Use separate schedule(s	s)			NUMBE	F	PAGE 34/37				
IT	EMIZED DISBURSEMENTS	for each category of the Detailed Summary Page	_		eck onl 21b 27	22 28a	X	23 28b	24 28	. П	25 29	$\begin{bmatrix} 2 \\ 3 \end{bmatrix}$
	y Information copied from such Reports and State for commercial purposes, other than using the na											3
	NAME OF COMMITTEE (In Full) American Academy of Pediatric Dentistry											
۸.	Full Name (Last, First, Middle Initial) FRIENDS OF JAY ROCKEFELLER					Date	of D	isburse				
	Mailing Address PO BOX 1909					0 ^M 8	М	[/] 2	7 /	^Y 2	0 δ ε	3 1
	City CHARLESTON	State Zip Code WV 25327				Amo	unt o	f Each	Disbur		-	-
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3.	FRIENDS OF LOIS CAPPS					Date	of D	isburse	ement			Y
	Mailing Address PO Box 23940					0 8		1	^D /	2	0 0 8	3
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	Mailing Address PO Box 50100					0 9	M	[/] 2	3 /	ž	0 0 8	3 1
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	SUBTOTAL of Disbursements This Page (optional					<u> </u>	-			93	JU.U	
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